

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39676

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4356

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY C	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural -	c. LENGTH OF STAY (in this place) 1 YR.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. 66 Louisbo Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION O' Sullivan Nursing Home		d. STREET ADDRESS (If rural, give location) 8006 Idaho Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) R c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9th 1949.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 17th, 1862	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Shoe Machinery	11. BIRTHPLACE (State or foreign country) London England	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Emma Allen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. N11	17. INFORMANT'S SIGNATURE OR NAME Earl R. Allen	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Stenosis + Arterio-sclerotic Cardio- DUE TO (c) vascular Disease		1 year 5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataract OD & deafness		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **March 20, 1949**, to **Nov 9, 1949**, that I last saw the deceased alive on **Nov 7, 1949**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Lettmann MD	23b. ADDRESS 8231 Clayton Rd. (17)	23c. DATE SIGNED 11/9/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 10 1949-	24c. NAME OF CEMETERY OR CREMATORY Buffalo N.Y.	24d. LOCATION (City, town, or county) (State) Buffalo, New York
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DATE REC'D BY LOCAL REG. 11-9-49	REGISTRAR'S SIGNATURE Herbert R. Wente MD	25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhein & Sons	ADDRESS 702 GRAVOIS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.